

Name In Full

Certificate of Death

Died at

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband or

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

6

How long sick

4 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

LIBRARY B-32411-78000



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White

Married

Widow

Divorced

Number of children living

Female

Colored

Single

Widower

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Emma Boward's child

Town

County

Died at

Washington MARYLAND

Date 19

02

Month

Day

3

3

Y.

M.

D.

Native of

Occupation

Age

- 3 hours

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Charles Boward

Emma Boward

Cause of

Primary

How long sick

Death

Immediate

unnatural Birth 151

Accident, Suicide, Homicide

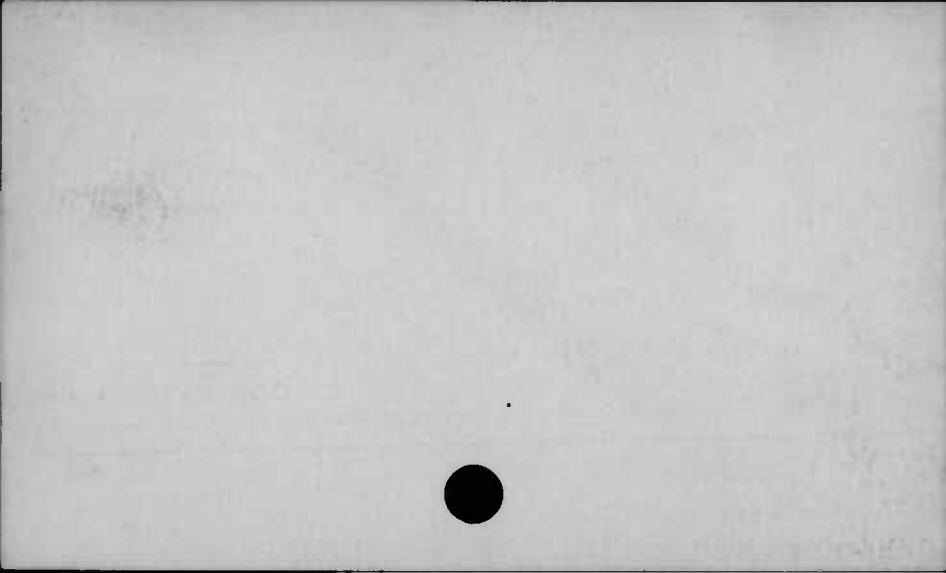
Reported by

L. M. Watkins

Address

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jacob L. Brown

Town

County

Died at

Pimlico Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 4

Age 90

4

11

Pimlico Undertaker

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

7

Husband of

Susan Gower

Father's Name

Jacob. Brown

Mother's

Maiden Name

Elizabeth Doubt

Cause of

Primary

Old age Slight Bronchitis

How long sick.

Two weeks.

Death

Immediate

Heart Exhaustion

Accident, Suicide, Homicide

Reported by

A. J. Newcomb - 154

Address

Pimlico Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jennie Peyton Boyd
 Town County
 Died at Hagerstown Washington MARYLAND
 Date 1902 3 26 Age 12-2-14 Native of Md Occupation Child
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Thomas Boyd Mother's Name Dallis E. Carty
 Maiden Name

Cause of Death Primary Immediate Typhoid fever

How long sick
 3 mos

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

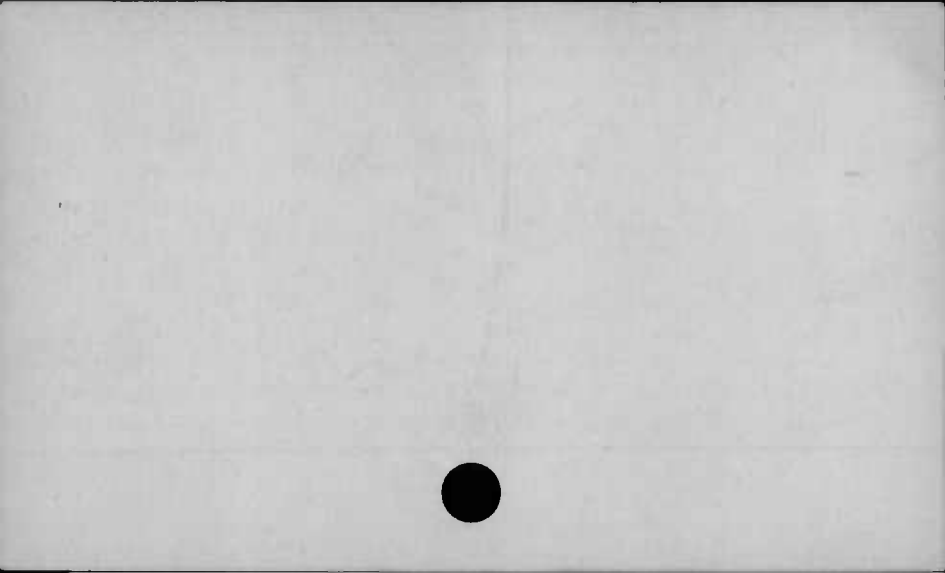
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna C. Porter
 Town Washington County MARYLAND
 Died at
 Date 1932 Month May Day 15 Age 62 Y. 11 M. D. Native of Maryland Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3
 Husband of William J. Porter
 Wife
 Father's Name Cornelius Knodt Mother's Maiden Name Mary Gilest
 Cause of Death Primary Chronic Bright's Disease Immediate Uraemia
 How long sick 3 weeks
 Accident, Suicide, Homicide 120
 Reported by Dr. J. D. Newcomer.
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Samuel Perry Charles*
 Town *Charlton* County *Washington* MARYLAND
 Date 19 *02* Month *March* Day *5th* Y. *34* M. *15* D. *Charlton* Native of *Hammer* Occupation
 Male *White* ~~Female~~ *Married* ~~Widow~~ ~~Divorced~~
~~Single~~ ~~Widower~~ Number of children living

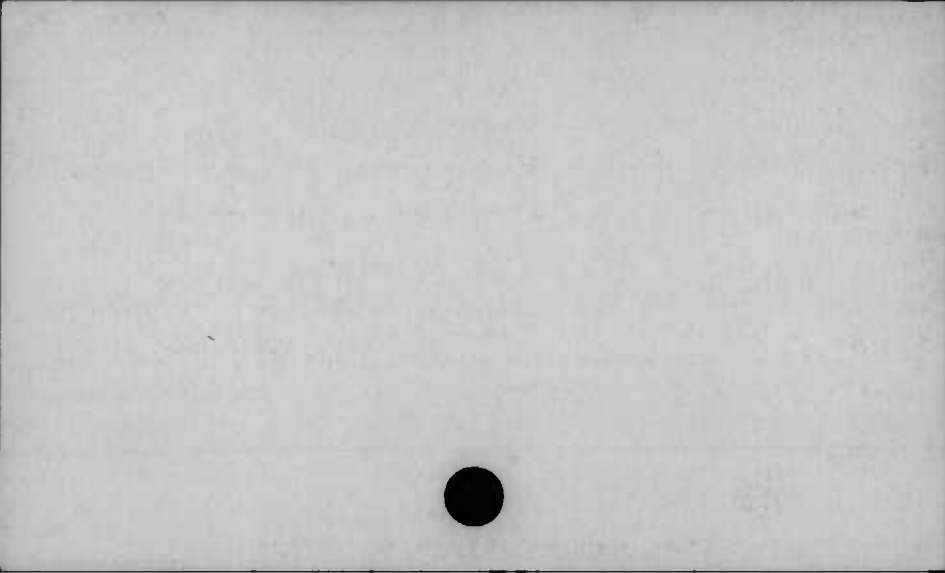
Husband of

Wife

Father's Name *Lewis Charles* Mother's Name *Susan Kuper*
 Cause of Death { Primary *Pulmonary tuberculosis* How long sick *9 months*
 { Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Abraham Shank M.D.*
 Address *Clearspring Washington Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Barbra Clarke

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 March 28

Age 78 6-27

Ind.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Three

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Old age + Pleurisy

Pleurisy + heart failure

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

07 Mar 11th Age 86-
 Mar. Co., Shoe Maker

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine Cook
 Town County

Died at

Haguetaroon

MARYLAND

Data 1902 March 13 Y. M. D. Native of Occupation
 Age 76 D.A. Lady
 White Widowed Divorced
 Female Single Number of children living 6

Wife of

Lahy H. Cook

Father's
 Name

John L. Melchior Mother's
 Name Elizabeth Sibert

Cause of

Primary

General debility

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Address

154
 Haguetaroon Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Francis M. Deal

Town

County

Died at *Cavertown**Washington*

MARYLAND

Date *1902* Month *3* Day *1*Age *76 5 6* Native of *Ind*

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

~~Wife~~ *Mary Ann Cross*Father's Name *Jacob Deihl*Mother's Name *Catherine Deihl*

Cause of

Primary *Suddenly*

How long sick

Death Immediate

*Heart failure**179*~~Accident, Suicide, Homicide~~Reported by *Dr. John M. Steele*Address *Smithsburg Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John. Luther. Detrow
 near Town County
 Died at Beaver Creek Washington MARYLAND
 1902 Month Day Y. M. D. Native of Occupation
 Date 3 29 Age 56 11 15 Maryland Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 5

Husband of Catharine Detrow
 Wife
 Father's Name Leonard Detrow Mother's Name Emily Detrow

Cause of Primary spasm 70 How long sick 10 days
 Death Immediate Accident, Suicide, Homicide

Reported by Brining & Bast Undertakers
 Address Boonsboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Frank Diggs

Died at Hagerstown Washington MARYLAND
 Town County
 Date 1972 Nov 15 11 20 Brown dog labor
 Month Day Y. M. D. Native of Occupation
 Age 40
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of Katy Diggs
 Wife
 Father's Name Perry Diggs Mother's Maiden Name
 Cause of Death { Primary Pharyngeal Cancer How long sick 90 3 months
 Immediate Metastatic Disease Accident, Suicide, Homicide

Reported by Dr. Myron
 Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Duggs
 Died at Hagerstown, Maryland

Date 1902 3 27 Age 47 2 3
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 10

Husband of Annie Duggs
 Wife
 Father's Name Richard Duggs Mother's Name Maria Gautz

Cause of Death Primary General Debility
 Immediate
 How long sick Not known
 Accident, Suicide, Homicide

Reported by H. S. Verman
 Address 179 Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

87

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 - 22

Age

5 - 10 - 00

Ind.

MARYLAND

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Pneumonia

How long sick

20 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73932



Name in Full

Certificate of Death

Henry Edwards

Town

County

Died at

Smithsburg Washington MARYLAND

Date

1902 Mar 26 Y. M. D. Age 56.7.14

Native of

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

of

~~Wife~~

Minnie M Kohler

Father's

Name

Mother's

Name

Henry A Edwards May A Leach

Cause of

Primary

Epilepsy

How long sick

2 weeks

Death

Immediate

Softening of the Brain

Accident Suicide Homicide

Reported by

J. G. Jarboe.

Address

Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of

Seen by Coroner.....

of

Information contained in this certificate received

from

of



Hillie Eichelberger

Town

County

Died at *Burgum*

Washington MARYLAND

Date *1912*
189 *3* *11*

Month Day

Age *2 Weeks 4*

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife *John W Eichelberger*

Father's Name *John W Eichelberger*

Mother's

Name *Maggie Eichelberger*

Cause of *151*
Primary *Premature Birth*

How long sick

About 2 weeks

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Abdel Everhart-

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

1902 March 24

Age

71. 2. 26

Native of

Md. Laborer

Occupation

Male

White

Married

Widow

~~Married~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

of

Elizabeth E. Perry

Wife

Father's

Name

Henry A. Everhart

Mother's

Name

Cause of

Primary

Heart Disease

How long sick

4 Years

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

H. H. Den M. D.

Address

Hagerstown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79005

A. H. Baughman
sub reg

Henry Fisher
 Town County

Died at

Hagerstown Wash

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Age

57

Native of

Md.

Occupation

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

2 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

E. M. Schlindel, M. D.

Address

Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Victoria Ford.

Died at ^{Town} Mapleville ^{County} Washington MARYLAND
 Date ~~189~~ 1902 - 3 - 24 Age 43 Native of Maryland Occupation House-wife
 Male White Married Widow Married Widow Single Widow Widow
 Female Colored Single Widow Widow Widow Widow Number of children living Two

Husband of Walter Ford
 Wife Joseph Frakney Mother's Name 2
 Cause of Death { Primary Pulmonary Tuberculosis. How long sick One year.
 Immediate & Expector. Accident, Suicide, Homicide

Reported by J. Hubert Wade M.D.
 Address Bonshoo - Wash. Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name In Full

Certificate of Death

Trawson

Green

Town

County

Died at

Hagerstown

wash

MARYLAND

Date 19

02-3-9

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm. Green

Mother's

Maiden Name

9

Cause of

Primary

Sanyng. Cramp

How long sick

12 hrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm. F. Hester Miller

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles H. Grossmuckle
 Town *Barnesboro* County *Wash* MARYLAND

Died at *Barnesboro* Month *Mar* Day *20* Y. *—* M. *—* D. *—* Native of *—* Occupation *—*

Date 19*02* *Mar 20* Age *Still Born*

Male *—* White *—* Married *—* Widow *—* Divorced *—*
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *—*

Husband of *—*

Wife *—*

Father's Name *Howard H. Grossmuckle* Mother's Name *M. Agn. E. E. E.*

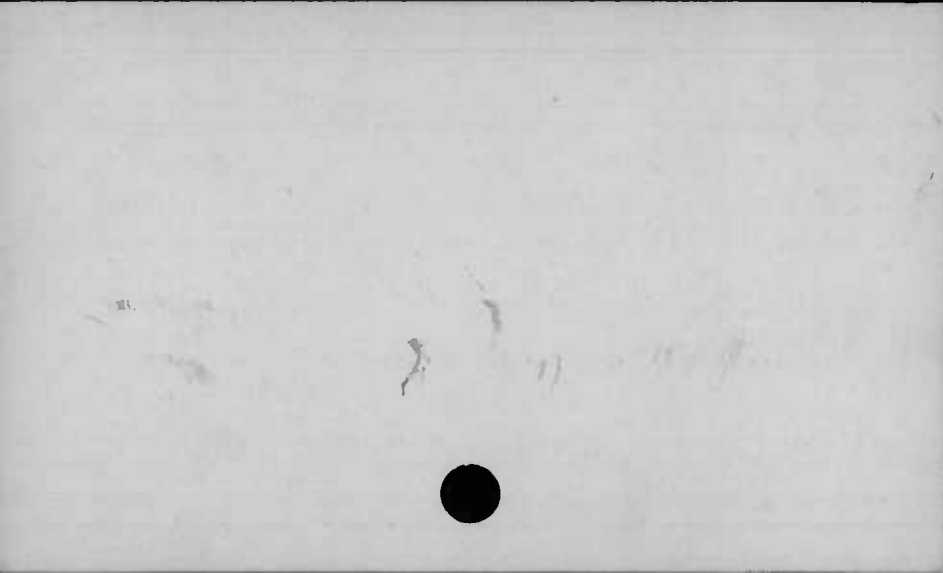
Cause of Death { Primary *—* How long sick *—*

Death { Immediate *—* Accident, Suicide, Homicide *—*

Reported by *Dr. A. W. H. H. H.*

Address *Barnesboro*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Stanley S. Brown

Town

County

Died at

~~Hagerstown~~

Wash

MARYLAND

Date 19

02 Mar 25

Age

Y. M. D. 5

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Howard S. Brown

Wife of

Father's

Mother's

Name

Maiden Name

Maggie Escand

Cause of

Primary

Perforation

How long sick

5 days

Death

Immediate

Erysipelas

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76225



Henry H. Gunnells

Town

County

Died at Nagerstown Washington

MARYLAND

Date 1902 Mar. 6 Age 73 - - Md. Retired Merchant

Male White Married Widower Divorced

Female Colored Single Widower Number of children living 4

Husband of Mrs. Jane Gunnells.

Father's Name Beverly Gunnells Mother's Name Mary Rush.

Cause of Death { Primary Central apoplexy How long sick 2 days.

Death { Immediate Accident, Suicide, Homicide

Reported by H. Preston Miller -

Address 24 West Bankline

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Henry Hamilton
 Town County
 Died at Hagerstown Washington MARYLAND
 Date 19 02 Mar. 12 Age 78 -- -- Ind. Occupation Retired
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 154
 Husband of _____
 Wife _____
 Father's Name Henry Hamilton Mother's Maiden Name Anna M. M. Hees
 Cause of Death { Primary General debility
 Immediate Hemiplegia
 How long sick 5 or 6 years
 Accident, Suicide, Homicide
 Reported by Dr. Williams in D
 Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bertha Lee Hanes

Died at ^{Town} *Sargan* ; ^{County} *Washington* ; *State* *MARYLAND*

Date 19 *02* ^{Month} *3* ^{Day} *11* ^{Y.} *-* ^{M.} *-* ^{D.} *25* ^{Native of} *Md.* ^{Occupation} *Child*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____

Wife _____

Father's Name *Danl. B. Hanes* ^{Mother's} *Rosa B. Mills*

Maiden Name _____

Cause of Death { ^{Primary} *Revere cold -* ^{How long sick} *Don't know*

Death { ^{Immediate} *No physician* *15* ~~Accident, Suicide, Homicide~~

Reported by *Daniel B. Hanes,*

Address *Sargan, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James Andrew Harrison

Town

County

Died at

MARYLAND

Died at Beaver Creek Was.

Date 1901 Mar 12th Month Day Y. M. D. Age 82-10-12 Native of Was. Co. Md. Occupation Carpenter

Male White Married Widower Divorced

Female Colored Single Widower Number of children living 7-

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 mos

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Byron Russell Hebb

Town

County

Died at

Sharpsburg

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar

6

Age

-

-

10

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

-

Husband of

Wife

Father's

Name

Bra Hebb

Mother's

Maiden Name

Jennie Hebb

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. Russell Hebb

Address

Sharpsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Eugene Markes
Undertaker.

Name in Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

of

Maiden Name

How long sick

Accident, Suicide, Homicide

Primary

Immediate

Eugene Marker.
Undertaker

Name in Full

Certificate of Death

Violetta M. Heflebruer
 Town *Sandy, Ark* County *Washington* MARYLAND

Died at *1902* Month *3* Day *25* Y. *68* M. *1* D. *1* Native of *Mo* Occupation *Housewife*
 Date *1902* Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *0*

Husband of *John Heflebruer*
 Wife of *John Heflebruer*
 Father's Name *Daniel Mullendore* Mother's Name *Sophia Knodo*

Cause of Death { Primary *Mitral Insufficiency* How long sick *1 yr*
 Immediate *Heart failure* Accident ☒ Suicide ☒ Homicide ☒

Reported by *J. J. Foutter M.D.*
 Address *Princeton, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BOARD, 1902



Name in Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 2

Mother's

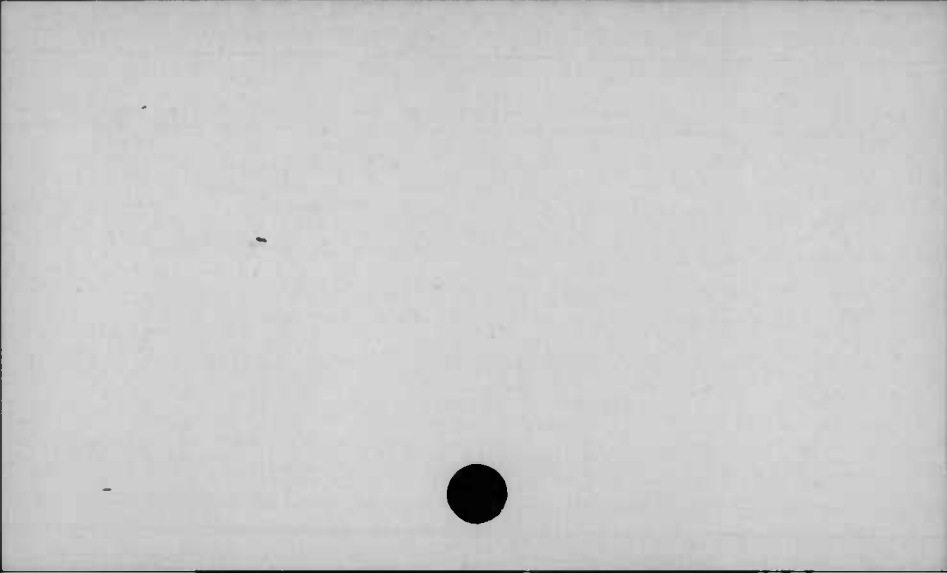
Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name In Full

Certificate of Death

Geo. W. Hoffman

Died at Boonsboro

Town

Wash

County

MARYLAND

Date 1902 Mar 1 Age 63 — Native of Boonsboro Occupation Druggist —

Male White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

Husband of Melissa Smith —
 Wife

Father's Name Mother's Name

Cause of Primary Labes Mes enterica How long sick 1 yr
 Death Immediate Peritonitis Accident, Suicide, Homicide

Reported by Dr. S. J. Davis

Address Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Colonel _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

William Preston Flork

Died at ^{Town} Postetter ^{County} Wash MARYLAND

Date 1902 3 10 Age - - 26 Native of Ind Occupation _____

Male White Married Widew Divorced
 Female ~~Colored~~ Single Widower Number of children living _____

Husband of _____
 Wife _____

Father's Name George L. Flork Mother's Maiden Name Nellie Reynolds

Cause of Death { Primary Cerebro spinal meningitis (non Con. Eng.) 12 days
 Immediate Accident, Suicide, Homicide

Reported by W. Preston Miller - 6/2
 Address Kensington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Hoover

Town

County

Died at

Edgmont

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

5

Age

68

11

1

Md

Labor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Failure

Death

Immediate

Instant

How long sick

Accident, Suicide, Homicide

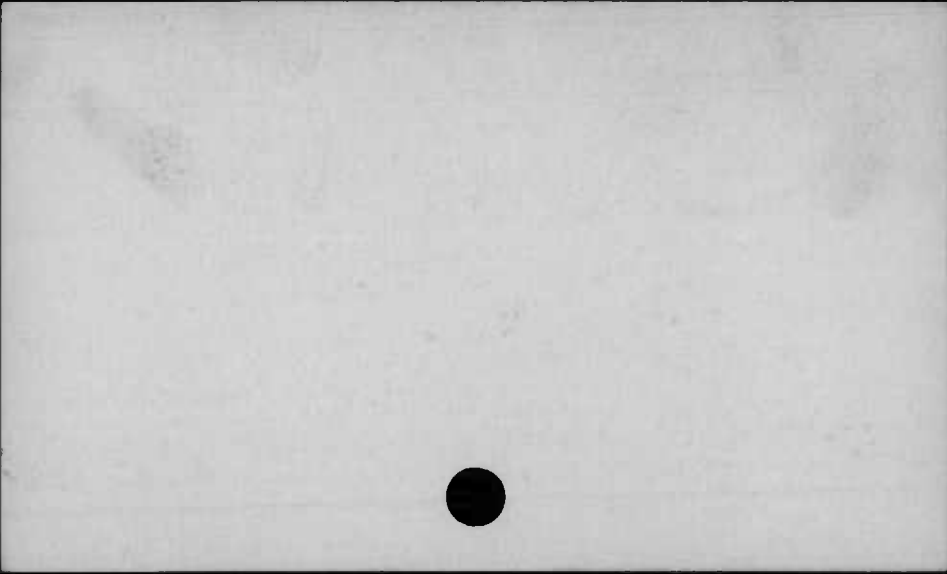
Reported by

Address

B. F. Young
Smithsburg

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Caroline Keutzel

Town

County

Died at

Zittletown

Washington

MARYLAND

Date

1902-3-1

Age

66

Native of

Maryland

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Single~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer of breast.

How long sick

Death

Immediate

General debility & Exhaustion

Accident, Suicide, Homicide

Reported by

J. Hubert Wade, Jr. D.

Address

Broussard - Wash Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Miss Maria Kufanwar

Town

County

MARYLAND

Died at

Robertsville

Wash

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

25

Age

70

8

27

Md

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

4 Weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

E. S. S. & Son Undertakers

Address

Robertsville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

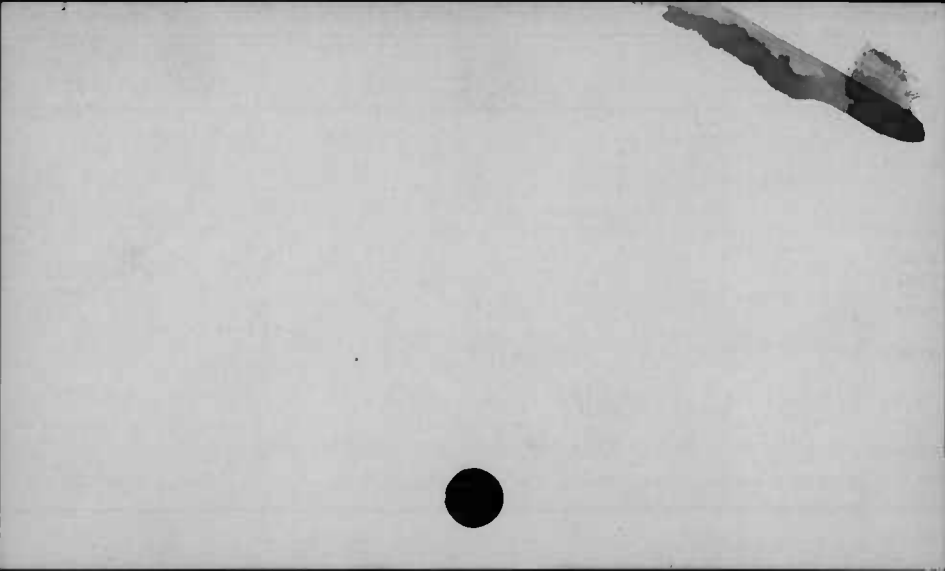


Name In Full

Certificate of Death

Name In Full *Geo W Kiddell*
 Died at *Magasstown* Town *Orach* County *MARYLAND*
 Date 19*02* *Mar* *28* Month *28* Day *70* Y. *3* M. *13* D. *W* Native of *Baker* Occupation
 Male ☒ White ☐ Married ☒ Widower ☐ Divorced ☐ Number of children living *6*
 Female ☐ Colored ☐ Single ☐ Widower ☐
 Husband of *Mary A Kiddell*
 Father's Name *John Kiddell* Mother's Name *Rachel Hawn*
 Cause of Death *Exhaustion* *Paralysis* *How long sick*
 Primery ☐ Immediate ☐ *Accident, Suicide, Homicide*
 Reported by *W. A. Mawhann*
 Address *Magasstown Maryland*

Must be signed by physician, if any in attendance, otharwisa by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19

02

March

207

Age

76

Native of

Occupation

Maryland

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

six

Husband

of

Mrs Shepard

Father's

Name

Jacob Lantz

Mother's

Maiden Name

66

Cause of

Primary

Paralysis

Death

Immediate

Heart failure

How long sick

one year

Accident, Suicide, Homicide

Reported by

Dr S. L.

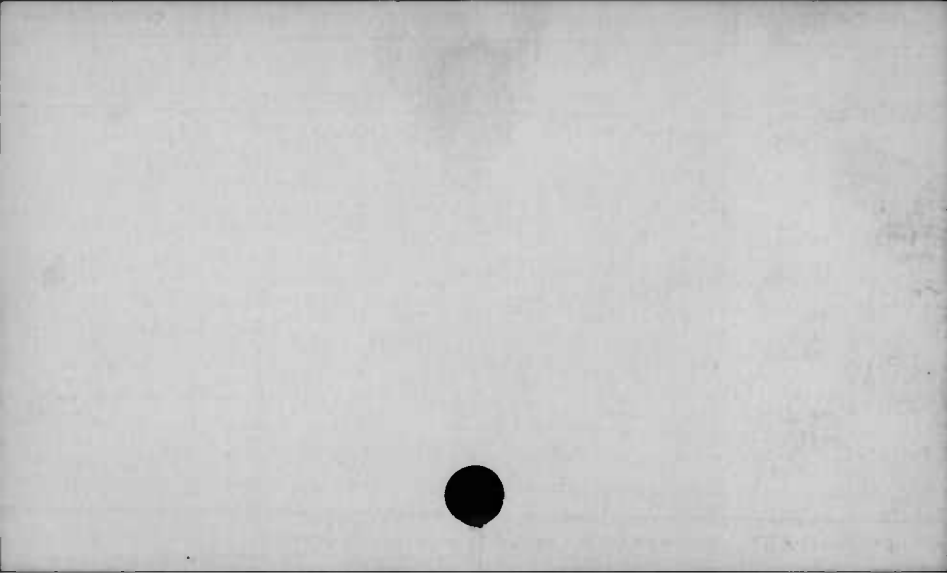
Lesher.

Address

Millersport

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bettie B. Lehman.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

3

12

Age

27 - -

Md.

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

none

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert Mc Carthy
 Died at ^{Town} Downsville ^{County} Washington MARYLAND

Date 1902 ^{Month} March ^{Day} 10 Age 86. ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation} Laborer
 Male White Married Widow Divorced
 Female Colored Single Widower ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Bright's Disease ?

How long sick ?

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

J. M. Reichard M. D.

Address

Fair Play Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Egna, W. Miller									
Died at		Town		County		MARYLAND			
Rohrererville		Wash.							
Date 1902		Month	Day	Y.	M.	D.	Native of		Occupation
3		7		78.	1	22	md.		none
Male		White		Married		Widow		Divorced	
Female		Colored		Single		Widower		Number of children living 2.	
Husband of Caroline M. Miller									
Wife of Martin Miller									
Father's Name					Mother's Name				
Martin Miller					Susan Snort				
Cause of		Primary Obesity						How long sick	
Death		Immediate Fatig Degeneration of heart						years	
		Accident. Suicide. Homicide.							
Reported by R. C. W. Baker M. W.									
Address Rohrererville Ind. 79									



Name In Full

Certificate of Death

George Dallas Miner-

Town

County

Died at Hagerstown Washington MARYLAND

Date 1902 March 21 Age 55. - Y. M. D. - Native of Md. Occupation Carpenter -
 Male White Married Widower Deceased Number of children living 6

Husband of Ellen Miner -

Father's Name William Miner - Mother's Name Barbara Powlus

Cause of Primary Consumption of 4 months
 Death Immediate How long sick 4 months
 Accident, Suicide, Homicide

Reported by H. St. Den - M.D.
 Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ethel R. Moats

Town

County

Died at

Hagerstown

Washington MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 30

Age

2 - 4

Md

Child

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Cham Moats

Maiden Name

Florence Mead

Cause of

Primary

Pneumonia

How long sick

3 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

J. M. Scott
Hagerstown

93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Matthias Newman

Town

County

Died at Hazleton Wash

MARYLAND

Date 1902 3-25- Age 60' Native of Va Occupation Laborer
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of
 Wife Annie Newman

Father's Name Not Known Mother's Maiden Name Not Known

Cause of Primary Heart Failure 99 How long sick 1 hr
 Death Immediate Accident, Suicide, Homicide

Reported by Andrew H. Loftman

Address Hazleton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Died at ^{Town} *Rhoxsville* ^{County} *Washington*

MARYLAND

Date 19 <u>02</u>	Month <u>3</u>	Day <u>18</u>	Y. <u>1</u>	M. <u>53</u>	D. <u>26</u>	Native of <u>Ind</u>	Occupation <u>House Wife</u>
<u>Male</u>	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	<u>7</u>		

Husband of John H. Niall
Wife
Father's Name John B. Stine
Mother's Name Rebecca Gloss

Cause of	Primary	Heart Failure	179	How long sick	1 week
Death	Immediate			Accident, Suicide, Homicide	

Reported by LE Duran + Son
Address OK - Knoxville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Maree R. Oden

Town

County

MARYLAND

Died at *Chesville**Washington*Date *1902*

Month

Day

Y.

M.

D.

Native of

Occupation

*3**10*

Age

*56**Ind.*

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Eugene Oden

Mother's

Name

Fanning C. Oden

Cause of

Primary

*Pneumonia**93*

How long sick

4 das.

Death

Immediate

11~~Accident, Suicide, Homicide~~

Reported by

Dr. J. M. Steek.

Address

Smithsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Bertha Peacher

Town

County

Died at

MARYLAND

Date 19

02

Month

3

Day

14

Y.

M.

D.

Age

6

Native of

Md

Occupation

Child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~Single~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Albert H Peacher

Mother's

Maiden Name

Cause of

Primary

Whooping Cough

How long sick

5 days

Death

Immediate

Tuberculosis

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Cornelius Miller

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name In Full

Certificate of Death

Louisa Piere

Town

County

Died at

Hagerstown Wash

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

20

Age

68

W Va

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Two

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Nathaniel Piere

Geo Reed

Don't Know

Cause of

Primary

Apoplectic attack

How long sick

3 hrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Catharine M. Primrose
 Town County

Died at *Hagerstown* *Washington* MARYLAND

Date 19 <i>02</i>	Month <i>3</i>	Day <i>14</i>	Age <i>64</i>	Y. <i>-</i>	M. <i>-</i>	D. <i>-</i>	Native of <i>MD</i>	Occupation <i>Housewife</i>
Male	White	Married	Widow	Divorced				
Female	<u>Colored</u>	<u>Single</u>	<u>Widower</u>				Number of children living <i>Two</i>	

Husband of *Primrose*
 Wife

Father's Name *Samuel Schindel* Mother's Maiden Name *Julia Hade*

Cause of Death	Primary <i>Pneumonia</i>	How long sick <i>10 days</i>
Death	Immediate <i>Cardiac failure</i>	Accident, Suicide, Homicide

Reported by *J. M. Scott*

Address *Hagerstown*

93



Name in Full

Certificate of Death

Unnamed Infant

Town

County

Died at

Shadybower

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

March 13

Age

-- -- 1

Ind

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Isack G. Rowland

Mother's

Maiden Name

Lydie M. Shank

Cause of

Primary

Unknown

How long sick

Death

Immediate

151

~~Accident, Suicide, Homicide~~

Reported by

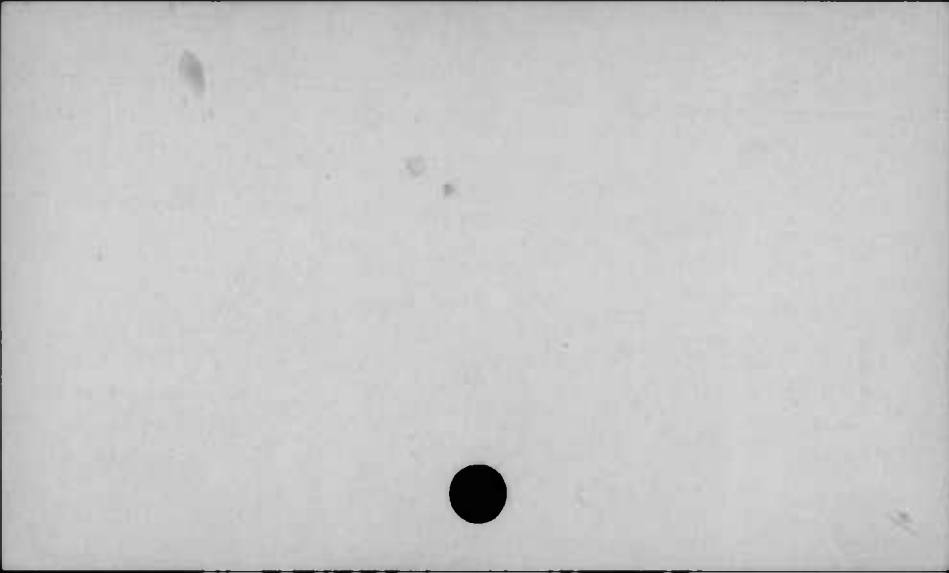
Dr. J. P. Perry

Address

Chesapeake Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

Elizabeth Schmidt

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

7

Age

58

not

housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

James S. Selsam
 Died at Fairplay Washington MARYLAND
 Date 1902 Mar 24 Y. M. D. Age 34.8 Native of Ind Occupation mechanic
 Male White Married Widowed Divorced
 Female Colored Single Widowed Number of children living 2

Husband of Elisabeth E. C. Laggett
 Wife
 Father's Name David Selsam Mother's Name Catherine Hurley
 Cause of Death { Primary Fatty Heart (?) 19 How long sick
 Immediate Sudden Heart Failure Accident, Suicide, Homicide

Reported by W. M. Reichard M. D.
 Address Fairplay Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan Thayer
Town County
Died at *Bellevue* *Washington* MARYLAND

Date 19*62* Month *3* Day *11* Y. *86* M. *11* D. *11*
Native of *Mass* Occupation *—*
Hagerstown
Male White Married Widow ~~Divorced~~
Female Colored Single Widower Number of children living *6*

Husband of *—*
Wife

Father's Name *— Klein* Mother's Maiden Name *—*

Cause of Death { Primary *Paralysis* Immediate *Paralysis* }
How long sick *ailing 1 week*
Accident, Suicide, Homicide

Reported by *—*
Address *—*



Chas R. Boyle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Shees

Town

County

Died at Near Pumar Washington

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 1911 March 4 Age 64 9 14 Maryland Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living none

Husband

of

Wife Mollie Shees

Father's

Mother's

Name

Frank Shees

Maiden Name

Sarah

Cause of

Primary

Heart-disease

79

How long sick

18 mos to 2 yrs.

Death

Immediate

dropped

~~Accident, Suicide, Homicide~~

Reported by

J. L. Gibson M.D.

Address

30 W. Main St. Waynesboro Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Earl Smith

Died at ^{Town} Rockersville ^{County} Madison

MARYLAND

Date 19 02 ^{Month} 3 ^{Day} 11 ^{Y.} 4 ^{M.} 4 ^{D.} 11 ^{Native of} Mad ^{Occupation} none

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living} Number of children living

Husband of

Wife

Father's Name Geo W Smith ^{Mother's} Emma A. Perry

^{Maiden Name} Emma A. Perry

Cause of ^{Primary} Tuberculosis ^{How long sick} 5 months

Death ^{Immediate} Bronchial Pneumonia ^{Accident, Suicide, Homicide} Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



X

Died at Clearspring Washington MARYLAND
 Town County

Date 1912 3 15 10 hours MD
 Month Day Year Age Native of Occupation

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife _____

Father's Name David R. Smith Mother's Maiden Name Leila Brewer

Cause of Death { Primary Unknown Immediate Unknown } How long sick _____
~~Accident, Suicide, Homicide~~

Reported by Abram Shank M.D.

Address Clearspring Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wesley Spurlman

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date 1902 *Mar 30* Month Day Y. M. D. Native of *Maryland* Occupation *Infant*

Age *2 hrs*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of *—*

Wife of *—*

Father's Name *Wesley Spurlman* Mother's Maiden Name *Rose Elizabeth Shaw*

Cause of Death { Primary *—* Immediate *—* } *151* *Long sick* *Accident, Suicide, Homicide*

Reported by *W. Morrison*

Address *Hagerstown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs. Mollie E Spruige

Died at ^{Town} Hagerstown ^{County} Washington — MARYLAND

Date 1902 Mar 27 Age 30 5- ^{Native of} Broadfiden ^{Occupation} House Wife

^{Male} ☒ ^{Female} ☐ ^{White} ☒ ^{Colored} ☐ ^{Married} ☐ ^{Single} ☒ ^{Widow} ☐ ^{Widower} ☐ ^{Number of children living} 4

^{Husband} of Charles. E. Springer

^{Wife} ☐ ^{Father's} Benjamin Black ^{Mother's} Elizabeth ^{Name} ^{Maiden Name} Bane

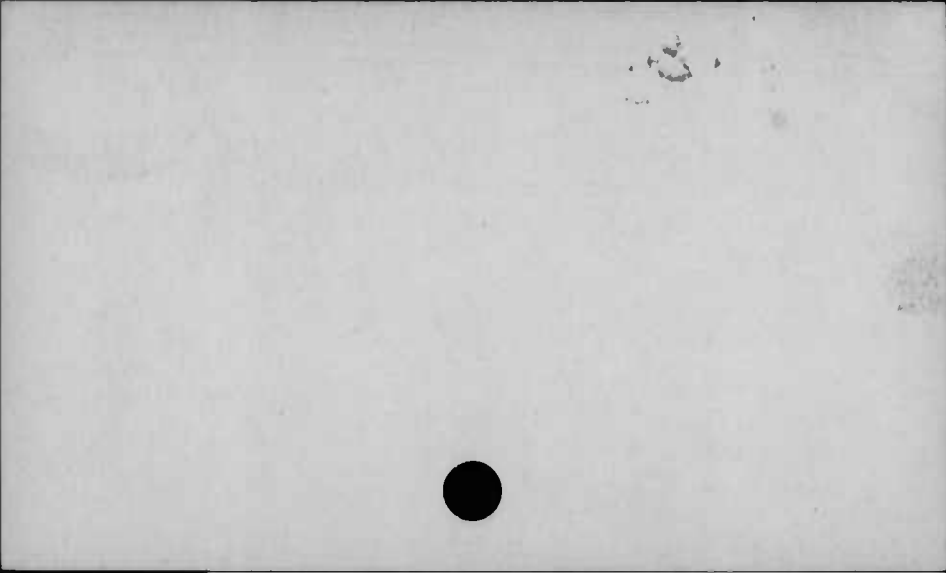
^{Cause of} { ^{Primary} Consumption ^{How long sick} three yrs.

^{Death} { ^{Immediate} ^{Accident, Suicide, Homicide}

^{Reported by} Dr. L. H. Zimmerman

^{Address} Cor. Howard & S. Potomac St. Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

David Starleper

Died at *Sharpsburg* Town *Washington* County

MARYLAND

Date 1902 *Mar* *8* | Y. *70* M. *2* D. *24* | Native of *MD* | Occupation *retired*
 Male *White* Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

Husband of *Susan Starleper*

Father's Name *Geo. Starleper* Mother's Maiden Name *Millie McCallister*

Cause of Death { Primary *Arterial Sclerosis* | How long sick *Several years*
 { Immediate *Paralysis* | ~~Accident, Suicide, Homicide~~

Reported by *C. Harrell Starcher*Address *Sharpsburg Maryland*

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

Chas. S. Mace
Undertaker

Alexander Steene

Died at ^{Town} Spickler ^{County} Washington MARYLAND

Date 1902 3 15 | Age 75 3 1 | Native of Pa | Occupation Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living 1

Husband of Louisa Corbett W

Father's Name Unknown Mother's Maiden Name Mary Weaver

Cause of Death { Primary Cerebral hemorrhage | How long sick 3 days

Death { Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Abram Shank M.D.

Address Clear Spring Washington Co.

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Ellen White
 Town County
 Died at Shenandoah Washington MARYLAND
 Date 1902 Mar. 2nd Y. M. D. Age 65.9.22 Native of Ind Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Female~~ Colored Single ~~Widow~~ Number of children living 1

Husband
of
Wife

Father's Name Jessie King Mother's Maiden Name Lydia Walker

Cause of Death { Primary Pneumonia Immediate 93 How long sick About 4 wks.
~~Acute, Cerebral, Hemiplegic~~

Reported by G. M. Garrett, M.D.

Address Shenandoah, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella Catharine Truman

Died at ^{Town} Clearspring ^{County} Washington MARYLAND

Date 1902 3 29 | Age 10 3 | Native of Md | Occupation _____

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living _____

Husband of _____

Wife _____

Father's Name Peter L. Truman Mother's Name Lucy Smith

Cause of Death { Primary Whooping Cough
Immediate Exhaustion

How long sick 2 months

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Abram Shank. M. D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full

Certificate of Death

Reomia M. Wriniger

Town

County

Died at

MARYLAND

Date 19

82 Mar 21

Month

Day

Y.

M.

D.

Native of

Occupation

Age

23 days

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Howard M. Wriniger

Mother's

Maiden Name

Ida Pearl

Cause of

Primary

Infection

How long sick

2 weeks

Death

Immediate

General exhaustion

Accident, Suicide, Homicide

Reported by

Dr. F. N. Newcomer

Address

Fruitstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

